

**MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM P. 15)**

APPLICANT(S)

677 777

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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